

IC 16-24

ARTICLE 24. TUBERCULOSIS HOSPITALS

IC 16-24-1

Chapter 1. County Tuberculosis Hospitals; Power of County Board; Board of Managers

IC 16-24-1-1

Treatment of nontubercular patients; tuberculosis funds restricted

Sec. 1. A hospital organized under:

- (1) this article; or
- (2) IC 16-11 (before its repeal on July 1, 1993);

may treat patients with chronic diseases other than tuberculosis. However, funds from the state contributed for tuberculosis cases are available only to individuals with tuberculosis.

As added by P.L.2-1993, SEC.7.

IC 16-24-1-2

Establishment of hospital; powers of county executive

Sec. 2. The county executive of a county may establish a county hospital for the care and treatment of persons with tuberculosis. When the county executive votes to establish a hospital, the county executive may do the following:

- (1) Purchase or lease real property or acquire the real property and easements by condemnation proceedings.
- (2) Erect buildings, make improvements, repairs, and alterations, subject to approval by the state department.
- (3) With the approval of the county fiscal body, and based upon estimates of the governing board, assess, levy, and collect money necessary for suitable lands, buildings, improvements, maintenance, and other necessary expenditures for the hospital.
- (4) Borrow money to erect, furnish, and equip the hospital and to purchase a site on the credit of the county and issue county obligations as the county executive may do for other county purposes.
- (5) Accept and hold in trust for the county, and to comply with the terms of, any of the following:
 - (A) A grant or devise of land.
 - (B) A gift or bequest of money or other personal property.
 - (C) A donation for the benefit of the hospital.

As added by P.L.2-1993, SEC.7.

IC 16-24-1-3

Annual funding; taxation; additional appropriations

Sec. 3. The board annually shall make an estimate for and recommend to the county fiscal body a tax rate and levy to provide funds for the operation and maintenance of the hospital. The county fiscal body shall adopt a budget and fix a levy and tax rate that, when added to estimated hospital revenues, will provide the amounts appropriated for the hospital. The county fiscal body may make

additional appropriations from the county general fund to make up deficits in estimated revenue or for emergencies.

As added by P.L.2-1993, SEC.7.

IC 16-24-1-4

Counties over 200,000 and under 300,000; qualification of hospitals under Medicare and Medicaid programs; superintendent

Sec. 4. (a) The county executive of a county having a population of more than two hundred thousand (200,000) but less than three hundred thousand (300,000) may use the county's tuberculosis hospitals to treat patients with tuberculosis and for other purposes necessary to qualify under the Medicare and Medicaid programs. At the discretion of the county executive, tuberculosis hospitals may become affiliated with a hospital in the community to enable the tuberculosis hospital to be fully utilized under all programs available.

(b) The superintendent of hospitals located in a county described under subsection (a) must be a qualified hospital administrator or an experienced physician selected by the governing board. The board shall delegate to the superintendent and all other personnel the duties of the board's respective positions.

As added by P.L.2-1993, SEC.7.

IC 16-24-1-5

Governing board; membership; terms of office

Sec. 5. (a) When the county executive establishes a hospital for the care and treatment of persons with tuberculosis, the county executive shall appoint a governing board of the hospital. The board consists of four (4) members who are residents of the county, and at least two (2) of whom must be licensed physicians.

(b) The initial appointments are as follows:

- (1) One (1) member for a term of four (4) years.
- (2) One (1) member for a term of three (3) years.
- (3) One (1) member for a term of two (2) years.
- (4) One (1) member for a term of one (1) year.

(c) Appointments of successors are for terms of four (4) years. However, appointments to fill vacancies are for the unexpired term.

As added by P.L.2-1993, SEC.7.

IC 16-24-1-6

Absences creating vacancy; excuse

Sec. 6. Failure of a member of the governing board to attend three (3) consecutive meetings of the board creates a vacancy in the member's office unless the absence is excused by formal action by the governing board.

As added by P.L.2-1993, SEC.7.

IC 16-24-1-7

Compensation; expenses

Sec. 7. The members of the governing board are not entitled to compensation for their services and are allowed their actual and

necessary traveling and other expenses to be audited and paid in the same manner as the other expenses at the hospital by the county executive.

As added by P.L.2-1993, SEC.7.

IC 16-24-1-8

Removal for cause; hearing

Sec. 8. A member of the governing board may be removed from office by the county executive for cause after the manager is given an opportunity to be heard.

As added by P.L.2-1993, SEC.7.

IC 16-24-1-9

Counties over 300,000 and under 400,000 or over 200,000 and under 300,000; board of managers; membership; terms of office

Sec. 9. (a) This section applies to a county having a population of:

- (1) more than three hundred thousand (300,000) but less than four hundred thousand (400,000); or
- (2) more than two hundred thousand (200,000) but less than three hundred thousand (300,000).

(b) The board of managers of the hospital consists of seven (7) members chosen by the county executive. The members must:

- (1) be chosen without regard for political affiliation;
- (2) be citizens of the county; and
- (3) include at least two (2) licensed physicians.

(c) The term of office of each member of the board is four (4) years. The terms of not more than two (2) of the managers expire annually. The terms of the members of the board may not be altered. The initial appointments are for the respective terms of three (3) years, two (2) years, and one (1) year. Appointments of successors are for terms of four (4) years. Appointments to fill vacancies are for the unexpired term.

As added by P.L.2-1993, SEC.7.

IC 16-24-1-10

Conflicts of interest

Sec. 10. A board member may not have a personal pecuniary interest in the furnishing of services to the hospital.

As added by P.L.2-1993, SEC.7.

IC 16-24-1-11

President; vice president

Sec. 11. The board of managers shall elect from its members a president and at least one (1) vice president.

As added by P.L.2-1993, SEC.7.

IC 16-24-1-12

Powers and duties of board of managers

Sec. 12. The board of managers has the following powers and duties:

(1) To appoint a superintendent of the hospital as an executive officer who shall manage the hospital on behalf of the board of managers. A superintendent appointed:

(A) after January 1, 1982, must:

- (i) be experienced in administration and qualified by training to manage the hospital;
- (ii) have a baccalaureate degree and at least three (3) years experience in administration in a hospital or related health care facility; and
- (iii) have a graduate degree in health facility administration and have completed at least one (1) year residency in a hospital or equivalent experience; and

(B) on or before January 1, 1982, must:

- (i) be experienced in administration and qualified by training to manage the hospital; and
- (ii) have a graduate degree in health facility administration and have completed at least one (1) year residency in a hospital or an equivalent experience, or have a baccalaureate degree and at least three (3) years experience in administration in a hospital or related health care facility.

(2) To fix the salaries of the superintendent, the business manager, and other officers and employees within the limits approved by the county executive or the county fiscal body. The salaries are compensation in full for all services rendered.

(3) To determine the time required to be spent at the hospital by the superintendent in the discharge of the superintendent's duties.

(4) To supervise, manage, and control the hospital, and the hospital's grounds, buildings, officers, employees, and patients, and all matters relating to the government, discipline, contracts, and fiscal concerns of the hospital, and to make rules to carry out the purpose of the hospital.

(5) To inspect the hospital and be informed of the affairs and management of the hospital.

(6) To keep a proper record of the board's proceedings open at all times to the inspection of members, the county executive, the county fiscal body, and authorized representatives of the state department.

(7) To allow bills and accounts, including wages and salaries, without advertising the filing of claims, and to certify and transmit the bills and accounts to the county auditor for payment from appropriations made for that purpose by the county fiscal body.

(8) To make a detailed report to the county executive annually, and at the time as the executive directs, that includes the following:

(A) Information on the operations of the hospital.

(B) The number of patients received and the methods and results of treatment.

(C) Detailed estimates of the money required during the ensuing year for all purposes, including maintenance, direction of buildings, repairs, renewals, extensions, improvements, betterments, replacements, and other necessary purposes.

(D) Other matters the county executive requires.

(9) To receive, administer, and hold for the benefit of the hospital, gifts, donations, bequests, and trusts of property of any nature or kind made or given to a hospital, and to agree to conditions and terms specified by the donor. The board is not required to account to any municipal, county, or state official concerning the disposition or use of this property or the income derived from the property except that the funds are subject to examination by the state board of accounts or the county executive. Gifts, donations, bequests, or trusts made or given before March 6, 1947, that are not administered by the board, come within the jurisdiction of the board for administration. Funds received from donors or income from gifts or bequests shall not be taken into account for expenditure in the preparation of the hospital budget.

(10) To determine, as of January 1 and July 1 of each year, whether the hospital is fully utilized by tuberculosis patients. If the board finds that the demand for care of tuberculosis patients does not warrant the full utilization of the hospital, the board may authorize the hospital to furnish care to persons suffering from chronic illnesses other than tuberculosis, upon terms and conditions of admission, treatment, care, and payment as the board prescribes.

(11) To meet at least one (1) time each month at a designated place in the county where the hospital is located, and at least one (1) time each year on the hospital premises.

(12) To expend hospital funds, advance tuition payments, or establish a tuition refund program for the education or professional improvement of nurses and other professional or technical employees for inservice training, seminars, or special courses of instruction, for the direct benefit to the hospital.

(13) To contract for the sharing or purchase of services with other hospitals when considered economically feasible by the board.

(14) To contract for services reasonably required for the operation and maintenance of the hospital, including the management of the hospital, on terms and conditions considered reasonable by the board.

(15) Upon the recommendation of the superintendent, to fix the compensation of hospital employees and adopt personnel and management policies that may include the following:

(A) An employee benefit program that provides for paid vacations, sick leave, paid holidays, paid personal leave, and paid leave for purposes of attending educational seminars.

(B) Payment of advertising and placement fees for personnel

and physicians.

(C) Programs for the benefit of the personnel, volunteers, or physicians that directly contribute to productivity or morale, at an annual cost not to exceed the lesser of the following:

(i) One quarter of one percent (0.25%) of total hospital revenues for the preceding calendar year.

(ii) Four thousand dollars (\$4,000).

(D) Except as provided in section 15 of this chapter, a plan to provide coverage for the illness or accidental disability of hospital employees and insurance plans for hospital personnel from any insurance company licensed to transact business in Indiana.

(E) Pension and retirement plans for hospital personnel from any company authorized to do business in Indiana.

(F) Participation in the public employees' retirement fund subject to IC 5-10.3-6.

(G) Deferred compensation agreements with employees and other personnel. Deferred obligations may be funded by contracting with insurance companies licensed to transact business in Indiana.

(H) Payment of dues of the superintendent and department heads for membership in local, state, or national hospital or professional organizations if the board determines that those expenditures directly benefit the hospital.

(I) Operation of employee registries for part-time or temporary hospital employees.

Planned expenditures and programs shall be incorporated in the annual hospital budget subject to the approval of the county executive and the county fiscal body.

(16) To purchase insurance coverage for the protection of the hospital in amounts and under conditions the board considers reasonable and necessary, including liability or malpractice coverage for board members, the officers, employees, volunteers, and members of medical staff committees for omissions or acts committed in the performance of services for the hospital. The board may for the express purpose of acquiring malpractice coverage assist in the formation of a mutual insurance company that does not issue assessable policies.

(17) To expend hospital funds for the following:

(A) Reasonable expenses incurred by persons and their spouses who are interviewed for employment or for medical staff appointment.

(B) Reasonable moving expenses if the persons are employed or appointed.

(18) To use automated data processing systems to keep hospital records and to purchase, lease, operate, or contract for the use of any automated data processing equipment subject to IC 5-17-1. Any major purchases or lease of data processing equipment or systems must be reviewed with the county data

processing board.

(19) To dispose of the following:

(A) By sale or otherwise, personal property of limited or no use to the hospital without advertising, auctioning, or requesting bids if the salvage value does not exceed two thousand five hundred dollars (\$2,500).

(B) Other personal property that the board considers no longer necessary for hospital purposes at public auction after an appraisal by three (3) disinterested owners of taxable real property in the county.

The board shall publish notice of the sale one (1) time at least seven (7) days before the date of the sale. The board shall determine the time, terms, and conditions of the sale.

(20) To enter into agreements with credit card companies or organizations authorized to do business in Indiana and to accept credit card payments for services provided.

(21) To contract for services of consultants, architects, or other professional persons or firms, including shared services or purchasing organizations, when considered necessary by the board or when not in conflict with this chapter.

(22) To purchase, construct, remodel, repair, enlarge, or acquire, including the leasing of county real property with lease back provisions for carrying out this chapter, a building within or outside the county for hospital purposes. If the building is located outside of the county, the board must receive the approval of the county executive and the county fiscal body of the county in which the hospital or building is located.

As added by P.L.2-1993, SEC.7.

IC 16-24-1-13

Compliance with IC 36-1-12

Sec. 13. In the construction, alteration, remodeling, or repair of any building or other structure, a governing board shall comply with IC 36-1-12.

As added by P.L.2-1993, SEC.7.

IC 16-24-1-14

Bids, proposals, or quotations submitted by trusts; requirements

Sec. 14. If a board of managers disposes of real property or awards a contract for the procurement of property by acceptance of bids, proposals, or quotations, a bid, proposal, or quotation submitted by a trust (as defined in IC 30-4-1-1(a)) must identify the following:

(1) The beneficiary of the trust.

(2) The settlor empowered to revoke or modify the trust.

As added by P.L.2-1993, SEC.7.

IC 16-24-1-15

Group insurance

Sec. 15. (a) This section applies to a county having a population of any of the following:

- (1) More than one hundred seventy thousand (170,000) but less than one hundred eighty thousand (180,000).
- (2) More than one hundred thirty thousand (130,000) but less than one hundred forty-five thousand (145,000).
- (3) More than one hundred eighty-two thousand seven hundred ninety (182,790) but less than two hundred thousand (200,000).
- (4) More than one hundred eighteen thousand (118,000) but less than one hundred twenty thousand (120,000).

(b) The board of managers of a hospital for the treatment of patients afflicted with tuberculosis or other diseases, including chronic diseases and those requiring convalescent care, that contracts with other counties for the treatment of the citizens of other counties, may provide not more than one-half (1/2) of the cost of a program of group life insurance and group health, accident, and hospitalization insurance for the hospital's employees. The members of the families and dependents of the employees may participate in a program of group health, accident, and hospitalization insurance at no cost to the hospital.

As added by P.L.2-1993, SEC.7. Amended by P.L.170-2002, SEC.108.

IC 16-24-1-16

Business manager

Sec. 16. (a) The governing board shall appoint a business manager for a tuberculosis hospital located in the following counties:

- (1) Having a consolidated city.
- (2) Having a population of more than three hundred thousand (300,000) but less than four hundred thousand (400,000).
- (3) Having a population of more than two hundred thousand (200,000) but less than three hundred thousand (300,000).

(b) The business manager is directly responsible to and serves at the pleasure of the governing board. The governing board shall prescribe the duties of the business manager.

As added by P.L.2-1993, SEC.7.

IC 16-24-1-17

Powers and duties of business manager

Sec. 17. A business manager has the following powers and duties:

- (1) To do the following:
 - (A) Keep proper and accurate daily accounts and records of the business and operations of the hospital in books and records provided for that purpose.
 - (B) Present the accounts and records to the board of managers, who shall incorporate the accounts and records in the governing board's annual report to the county executives.
- (2) To do the following:
 - (A) Collect, receive, and keep accounts for all money due the hospital.
 - (B) Report these matters at the monthly meetings of the board of managers.

- (C) Transmit the money to the treasurer of the county within ten (10) days after each monthly meeting.
- (3) Before entering upon the business manager's duties, to give a bond in the amount and with the sureties that the governing board determines to secure the faithful performance of the business manager's duties.
- (4) To purchase, from the lowest and best bidder and within the hospital budget, all items or articles used in the hospital for the maintenance and subsistence of the patients, including food, groceries, meat, milk, medicine, and medical supplies. The governing board shall certify the bills for the purchases to the county executive and to the county auditor for payment as other claims against the county are paid. Payment shall be made from the funds appropriated for the hospital.

As added by P.L.2-1993, SEC.7.

IC 16-24-1-18

Superintendent; powers and responsibilities

Sec. 18. The superintendent is the chief executive officer of the hospital and subject to the bylaws and rules of the hospital and to the powers of the board of managers. The superintendent has the following powers and responsibilities:

- (1) To do the following:
 - (A) Equip the hospital and other necessary facilities for the following:
 - (i) The care and treatment of patients.
 - (ii) Use of officers and employees.
 - (B) In counties without a business manager or purchasing agent for the hospital, to purchase all necessary supplies.
- (2) To do the following:
 - (A) Supervise and control the records, accounts, and buildings of the hospital and the hospital's internal affairs.
 - (B) Maintain discipline and enforce all rules, bylaws, and regulations adopted by the board of managers for the government, discipline, and management of the hospital and the hospital's employees and patients.
- (3) To do the following:
 - (A) Appoint officers and employees for the efficient performance of hospital business.
 - (B) Prescribe officer and employee duties.
 - (C) For cause stated in writing, after an opportunity to be heard, discharge any officer or employee.
- (4) To do the following:
 - (A) Keep proper accounts and records of the business and operations of the hospital.
 - (B) Make an annual report to the board of managers, who shall incorporate the hospital records in the board's report to the county executive.
- (5) To receive into the hospital, under the general direction of the board of managers, in the order of application, a person with

tuberculosis in any form who meets either of the following conditions:

- (A) Has resided in the county for at least one (1) year before applying for admission to the hospital.
 - (B) Is a resident of another county as provided in this chapter.
- (6) To keep proper accounts and records of patient admissions, including name, age, sex, race, nationality, marital status, residence, occupation, and place of last employment.
- (7) To do the following:
- (A) Cause a careful examination to be made of the physical condition of persons admitted to the hospital.
 - (B) Provide for appropriate treatment of each patient.
 - (C) Keep records of the condition and treatment of each patient.
- (8) To discharge from the hospital any patient who meets any of the following conditions:
- (A) The patient willfully or habitually violates the rules.
 - (B) The patient does not have tuberculosis or who has recovered.
 - (C) The patient is no longer a suitable patient for treatment.
- The superintendent shall make a full report of a patient's discharge at the next meeting of the board of managers.
- (9) Before discharging the superintendent's duties, to give a bond in an amount and with sureties that the board of managers determines to secure the faithful performance of the superintendent's duties.
- (10) If the hospital does not have a business manager, to do the following:
- (A) Collect and receive money due to the hospital, except taxes and state-aid funds.
 - (B) Keep an accurate account of money due to the hospital and report the accounting at the monthly meetings of the board of managers.
 - (C) Transmit the money to the treasurer of the county within ten (10) days after each board meeting.

As added by P.L.2-1993, SEC.7.

IC 16-24-1-19

Custodian of hospital money; receipts and disbursements

Sec. 19. The county treasurer is custodian of hospital money collected by the treasurer or deposited with the treasurer by the superintendent and shall disburse the money only upon warrant issued by the county auditor. The hospital money shall be known as the county tuberculosis hospital fund.

As added by P.L.2-1993, SEC.7.

IC 16-24-1-20

Admission to hospital; applications; discrimination; payment for services

Sec. 20. (a) Any resident of the county in which the hospital is located who desires treatment in the hospital may apply in person to the superintendent or to a physician for examination. If the physician finds that the person has tuberculosis in any form, the physician may apply to the superintendent of the hospital for the person's admission. The superintendent shall forward application forms without charge to any physician in the county, upon request. If practicable, application for admission to the hospital shall be made upon the forms. Upon receipt of the application, if it appears that the patient has tuberculosis and if there is a vacancy in the hospital, the superintendent shall notify the person to appear at the hospital. The superintendent shall admit a person to the hospital if, after an examination, the superintendent is satisfied that the person has tuberculosis.

(b) All applications must meet the following conditions:

(1) State whether, in the judgment of the physician, the person is able to pay in whole or in part for the person's care and treatment.

(2) Be filed and recorded in a book kept for that purpose in the order of receipt.

(c) When the hospital is completed and ready for the treatment of patients, or whenever there are vacancies, admission shall be made in the order in which the names of applicants who are certified by the superintendent to have tuberculosis appear in the application book.

(d) A patient shall not be discriminated against because the patient or the patient's relatives contribute to the cost of the patient's maintenance, in whole or in part. A patient may not pay more for the patient's maintenance than the average per capita cost of maintenance, including a reasonable allowance for the interest on the cost of the hospital. An officer or employee of the hospital may not accept from any patient any fee, payment, or gratuity for services.

As added by P.L.2-1993, SEC.7.

IC 16-24-1-21

Payment for care and treatment; liability

Sec. 21. (a) Whenever a patient is admitted to the hospital from the county in which the hospital is located, the superintendent shall inquire:

(1) as to the patient's circumstances; and

(2) of the relatives of the patient legally liable for the patient's support.

(b) If the patient or the patient's relatives are able to pay for the patient's care and treatment in whole or in part, the patient or the patient's relatives shall be directed to pay the treasurer of the hospital for the patient's support in proportion to the patient's or relatives' financial ability, but not to exceed the actual per capita cost of maintenance.

(c) The superintendent has the same authority to collect the sum from the estate of the patient or the patient's relatives legally liable for the patient's support as is possessed by the township trustee as

administrator of poor relief in similar circumstances. If the superintendent finds that the patient or the patient's relatives are not able to pay either in whole or in part the patient becomes a charge upon the county.

As added by P.L.2-1993, SEC.7.

IC 16-24-1-22

Care and treatment of county nonresidents

Sec. 22. (a) If a county does not have a county tuberculosis hospital, the county executive may, by contract, arrange for the care and treatment of the county's citizens in a tuberculosis hospital in another county. The contract must state the minimum number of patients to be sent to the institution for any one (1) year and the amount of compensation to be paid by the county executive.

(b) The county fiscal body contracting for the care and treatment of tuberculosis patients shall appropriate out of that county's general fund sufficient money for the care and treatment of tuberculosis patients. The fund constitutes a special fund for the care and treatment of tuberculosis patients if the county has the right to levy a tax for that purpose.

(c) Any person residing in a county without a tuberculosis hospital who desires treatment in the hospital of another county may apply in writing to the county auditor of the county in which the person resides, on a form provided by the superintendent of the institution of the other county, with a physician's certificate stating that the physician has within ten (10) days examined the person, and that in the physician's judgment the person is suffering from tuberculosis. The auditor shall forward the application and certificate to the county executive. If the county executive finds that the facts in the application are true, the county executive shall record the county executive's findings and send the application to the superintendent of a county tuberculosis hospital with whom the county executive has contracted. After the patient is accepted, the county executive shall provide for transportation to and maintenance at the hospital.

As added by P.L.2-1993, SEC.7.

IC 16-24-1-23

Care and treatment of county nonresidents; payment; liability

Sec. 23. (a) Whenever a superintendent receives an application for the admission of a patient with tuberculosis from the county executive of any other county, the superintendent shall notify the person to appear at the hospital if there is:

- (1) a vacancy; and
- (2) no pending application from a resident of the county in which the hospital is located.

(b) If the superintendent is satisfied that the patient has tuberculosis, the superintendent shall admit the patient to the hospital. The patient is a charge against the county executive of the county sending the patient, at a rate to be fixed by the board of

managers. The rate may not exceed the per capita cost of maintenance, including a reasonable allowance for interest on the costs of the hospital. The bill shall, when verified, be audited and paid by the auditor of that county.

(c) The county executive shall investigate the circumstances of the patient and of the patient's relatives legally liable for the patient's support, and has the same authority as the township trustee as administrator of poor relief to collect the cost of the patient's maintenance according to the patient's relatives' financial ability.

As added by P.L.2-1993, SEC.7.

IC 16-24-1-24

Donations conditioned upon life annuity

Sec. 24. (a) This section applies as follows:

(1) Whenever the county executive of a county secures a site for a county tuberculosis hospital.

(2) When a citizen offers to donate United States bonds or other marketable bonds or securities readily convertible into money to the county for the purpose of erection of proper buildings, or providing equipment for the hospital upon the condition that the county pay an annuity to the donor or a designated member of the donor's family, annually, during the life of the donor or the designated member in an amount:

(A) equal to the annual interest on bonds or securities donated; or

(B) not to exceed five percent (5%) interest, annually, money donated.

(b) The county executive, with the consent of the county fiscal body, may contract with the donor, binding upon the county, for the annuity described in subsection (a) upon the delivery of the bonds, securities, or money to the county, if:

(1) the donor or designated family member is at least sixty (60) years of age at the time of the contract; and

(2) the county executive and county fiscal body finds that it is in the interest of the county to accept the donation and enter into the contract.

(c) If the donation is made by husband and wife jointly, the annuity may be paid to the husband and wife jointly so long as they both live, and to continue to the survivor if either dies, and if both the husband and wife were at least sixty (60) years of age at the time of entering into the contract.

As added by P.L.2-1993, SEC.7.

IC 16-24-1-25

Inspection of hospitals; duties of resident officers

Sec. 25. (a) The resident officer of the hospital shall do the following:

(1) Admit the managers and the county executive or representatives of the managers and the county executive into every part of the hospital.

(2) Give the managers and the county executive access on demand to all hospital accounts and records and shall furnish copies, abstracts, and reports whenever required by the managers and the county executive.

(b) Hospitals established or maintained under this chapter are subject to inspection by an authorized representative of the county executive of the county. The resident officers shall do the following:

(1) Admit these representatives into every part of the hospital and the hospital's buildings.

(2) Give the representative access on demand to all records, reports, books, papers, and accounts pertaining to the hospital.

As added by P.L.2-1993, SEC.7.

IC 16-24-1-26

Joint county hospitals; apportionment of costs; board; admissions

Sec. 26. (a) Two (2) or more counties may agree to establish and maintain a tuberculosis hospital.

(b) The county executives of counties proposing to cooperate may enter into an agreement to establish the hospital and shall apportion the cost among the counties cooperating according to the ratio of taxable property in the counties.

(c) The county executives of the counties constitute a board for the control of the tuberculosis hospital. The admission of patients must be based upon the population of the respective counties, but if there are not as many applications for admission as a county is entitled to, admission must be made in the order in which the applications are received.

As added by P.L.2-1993, SEC.7.

IC 16-24-1-27

Application of IC 5-4-1, IC 5-4-5, IC 5-22, and IC 36-1-10 through IC 36-1-12

Sec. 27. IC 5-4-1, IC 5-4-5, IC 5-22, IC 36-1-10, IC 36-1-11, and IC 36-1-12 do not apply to this article unless this article specifies that the statute applies.

As added by P.L.2-1993, SEC.7. Amended by P.L.49-1997, SEC.50.